



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Goldfinch 5
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	24 August 2022
Centre ID:	OSV-0007711
Fieldwork ID:	MON-0028730

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Goldfinch 5 is a ground floor duplex apartment located in a housing estate in a city. It provides a full-time residential service for up to four female residents, over the age of 18 with intellectual disabilities and those with physical or mobility support needs. Each resident in the centre has their own bedroom and other rooms provided include a sitting room, a living room, a kitchen, a laundry room, bathrooms and staff rooms. Residents are supported by the person in charge, social care workers and care assistants by day and a sleep –over staff at night time

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 24 August 2022	10:00hrs to 17:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor the provider's compliance with the regulations and inform the decision in relation to renewing the registration of the designated centre. The residents, family representatives and staff team were informed in advance of the planned inspection. The inspector met with all of the residents on the day of the inspection. The inspector was introduced at times during the day that fitted in with individual daily routines while adhering to public health guidelines and wearing personal protective equipment, (PPE).

The inspector completed a walk around of the apartment on arrival as two residents had already left to attend their day service and two others were resting as per their daily mid-week routine. The premises was clean, well ventilated and decorated with personalised items that reflected the residents interests and choice. All residents had their own bedrooms. There were adequate bathroom facilities to meet the assessed needs of the current residents. Two private outdoor spaces were enclosed by fencing at the rear of the property. These areas captured the sunlight during the inspection. However, a number of issues regarding the premises were discussed with the person in charge during the inspection, most of these issues related to storage in the designated centre. These will be further discussed in the quality and safety section of this report.

The inspector was introduced to one resident in a sitting room prior to them attending their day service. The resident was knitting and listening to one of their favourite musicians at the time. A staff member was observed to encourage the resident to talk about how they had attended a concert of the same musician in the weeks before the inspection. The resident stated they had enjoyed a short break in a hotel at the same time. The resident was aware of what to do and where to go in the event of a fire emergency and stated they were very happy living in their home. They felt safe and supported by the staff team. They were happy to be able to attend their day service each day during the week.

Another resident spoke with the inspector in their bedroom after they had been supported by the staff with their personal needs. The resident proudly showed the inspector some craft work they had completed. They spoke of how much they liked their bedroom and their home. They had their own tablet device and television and sometimes preferred to spend time alone in their room. The resident required the assistance of staff with some activities of daily living, (ADLs) and used a wheel chair and rollator to assist with their mobility. They outlined how staff supported them to engage in activities such as baking in the dining room due to the reduced space in the kitchen. The resident did not find this impacted them in being actively involved in food preparations as per their choice.

Later in the afternoon the inspector met the two other residents after they returned from their day service. Both spoke of having a good day. One resident spoke of how they enjoyed attending flower arranging classes in the community. They had

celebrated a birthday with friends and family the weekend before this inspection. They proudly stated their age and what this meant to them. They had received a large number of presents and enjoyed time with family representatives. They excitedly spoke about a planned short break the day after the inspection to a large tourist town with another peer and the person in charge. They were delighted to tell the inspector that they had front row tickets to attend a concert of a well known musician of which they were a big fan during the holiday. They were later observed engaging with staff regarding packing appropriate clothing for their holiday.

The other resident spent a little bit of time talking with the inspector while their peer was also present. They were also attending the concert and spoke of how they enjoyed the same interests as their friend; which included the flower arranging classes. They also enjoyed individual activities at the weekend with staff support such as personal shopping.

The inspector reviewed four questionnaires that had been completed by the residents in advance of the inspection. All residents outlined how they were happy with their home into which they had moved in June 2020. They enjoyed the location and being part of the local community. Residents outlined a variety of activities which they enjoyed participating in regularly which was consistent with what they spoke about to the inspector during the inspection.

Throughout the inspection the dedication and commitment of the staff team was evident. Staff were respectful and professional in their interactions with the residents. The person in charge provided support to residents to attend healthcare appointments and facilitated short breaks for the residents in addition to attending to their role and responsibilities. The staff spoken too were very familiar with the assessed needs of the residents, the group dynamics and what worked well in the house. For example, delaying the start time for two of the residents to their day service supported the changing needs of these residents as they aged.

Staff also spoke of the complex medical and healthcare need of the residents. While the involvement of some allied health care professionals was evident in the supports provided to the residents including occupational therapy (OT) and consultants, not all allied health professionals were available to support the changing assessed needs of some residents. This will be further discussed in the quality and safety section of this report.

On the morning of the inspection advance planning and preparation for the evening meal was completed. Staff explained this facilitated the staff to have that particular meal, which took a prolonged time to cook, ready at the time residents preferred to eat their evening meal. As the inspector was preparing to leave the designated centre all of the residents were ready to enjoy their meal. The smell of home cooking was evident throughout the designated centre. Residents told the inspector that the staff were very good cooks. The inspector was informed by staff members that residents had the flexibility and choice to engage in preferred activities in the evenings, this included walks in the locality or drives in the community. However, some of the residents enjoyed staying in their home watching television or knitting after attending their day service. This was also facilitated in line with the expressed

wishes of residents.

While the findings of this inspection found residents were supported to have a good quality of life, with person centred care and support provided by a consistent staff team, a number of issues required further review by the provider. These included the facilities available for storage, residents rights to access all allied healthcare professionals and the gaps in staff training and supervision identified during this inspection

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, the inspector found that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for residents. The provider had ensured actions from the previous inspection in September 2021 had been addressed as outlined in the compliance plan submitted by the provider at that time. However, following a review of documentation by the inspector it was evident that there were gaps in staff training and supervision for 2022, not all centre specific risks had been identified and access to some allied healthcare professionals was not available to residents at the time of this inspection.

The person in charge worked full time and had remit over one other designated centre located approximately two kilometers away. They were aware of their role and responsibilities as outlined in the regulations. They ensured actions identified within the provider's own audits were completed or progressing. Throughout the inspection they demonstrated their oversight of this designated centre and were aware of gaps in staff training and supervision schedules for 2022. They had scheduled training for core staff members in the weeks following this inspection, which included training in managing behaviours that challenge.

The inspector reviewed the staff training records for all staff that had worked in this designated centre for the previous six months, this included eight relief staff. All staff had completed training in fire safety, safeguarding and IPC. All core staff had completed training in food safety, medication management and manual handling. However, while all core staff had completed wheel chair clamping training, 62% of the relief staff who had worked in this designated centre within the previous six months had not. This training was deemed to be essential to support residents living in this designated centre and was an action from the previous inspection. In addition, 38% of the staff team who worked in the designated centre required refresher training in managing behaviours that challenge at the time of this

inspection.

The provider had ensured an annual review and six monthly audits had been completed in line with the regulatory requirements. Progression of actions were documented as being completed or in progress. For example, the review of all personal plans had been reviewed with relevant link staff involved in the process prior to this inspection. The provider had identified an organisational risk regarding the absence of the services of a psychiatrist while awaiting a vacant post to be filled. Emergency protocols were in place to support residents who required the services of psychiatry during the interim period while general practitioners were supporting the residents where possible in the community. However, the supervision of staff was not in line with the provider's own policy guidelines. Not all staff in this designated centre had been in receipt of regular supervision. In addition, the responsibility for the supervision of relief staff was not clearly outlined if the staff member worked in a number of different locations including this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full time and they held the necessary skills and qualifications to carry out their role. In addition to the responsibilities of this role, the person in charge provided frontline support to the residents and the staff team.

Judgment: Compliant

Regulation 15: Staffing

There was a consistent staff team appropriate to the assessed needs of the residents, statement of purpose and the size and layout of the designated centre. There was an actual and planned rota which reflected individual and group needs were being met.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge was aware of the training requirements of all staff including relief staff in this designated centre. However, training for some staff in the areas of wheel chair clamping and managing behaviours that challenge had not been completed or updated at the time of this inspection.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had ensured all information including periods of absences for residents were maintained in the directory of residents

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

While systems were in place to monitor governance in this designated centre which included an annual review and six monthly audits being completed; further review was required to ensure the supervision of all staff in line with the provider's policy and procedure.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that all residents had contracts of care provided to them.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. Some minor changes were completed by the person in charge prior to this inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of all quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in the designated centre. Staff were aware of the provider's complaints policy. Staff had supported residents to be aware of their right to make a complaint during regular house meetings. Staff had also assisted residents to make complaints regarding issues affecting them which included the closure of their day services during the pandemic. The person in charge also outlined how a recent complaint had been closed out following review by the designated officer and the matter had been resolved locally to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support from a consistent core staff team to provide a person-centred service where each resident's individuality was respected. However, further improvements were required relating to the premises and residents rights to access allied healthcare professionals as required.

All residents had been supported to return to their day services in –line with their expressed wishes. Daily routines were flexible to meet the changing needs of some residents after the pandemic restrictions had eased in November 2021. This had a positive impact for the residents who enjoyed social activities, spending time with family representatives and being involved in the local community. All of the residents personal plans had been subject to recent review, with all residents actively participating in the prioritising their goals for the year ahead. These plans were person centred and reflective of individual interests and choice. As previously mentioned, short breaks, attending concerts and community classes were all progressing at the time of this inspection. In addition, maintaining healthy lifestyles were also part of some goals identified.

The inspector was informed of the complex and ongoing medical needs of some of the residents. Detailed healthcare plans had been completed which supported individuals to live well with chronic health conditions. Residents were supported to participate in relevant national health screening programmes, visit general practitioners of their choice and also had access to a local primary care unit. Allied healthcare professionals such as occupational therapists and physiotherapists provided input for the residents. Consultant medical staff had taken time to explain the planned management of care to one resident and their relative. Another resident had made an informed decision around their management of an ongoing condition and staff were supporting them with this. However, at the time of this inspection, the provider had not demonstrated how they were advocating on behalf of another resident to access the services of an allied healthcare professional. The resident required input from dietitian services, however, the inspector was informed this had not been successfully progressed for the resident.

Staff were very knowledgeable of the behaviour supports required by some of the residents. One resident had a protocol in place which included writing the activities for the day ahead on a whiteboard. This was observed during the inspection to provide re-assurance and reduce anxiety for the resident. They were seen to cope well with the supports in place. Restrictive practices were in place with the informed consent of the resident involved to help them maintain good health. A resident who required input from the behavioural support team had a behaviour support plan in place. This had been subject to recent review by the clinical nurse specialist in behaviour support and an updated plan was being complied at the time of this inspection. Staff outlined how the plan was working well to support the resident.

As previously mentioned in this report, the space available for storage in the

designated centre was limited. The inspector observed a small fridge (used by staff only) and a chest freezer in one of the sitting rooms. These were in use at the time of the inspection and were placed there due to inadequate space being available elsewhere in the designated centre. However, the fridge was located on the ground next to the fireplace and the appliances did not support the purpose of the room as it was intended. There was also excessive amounts of incontinence wear placed on the floor in a storage room, which impacted the ability of staff to effectively clean the room. There was also inadequate storage space in the staff bedroom, resulting in staff bedding being stored on the ground in plastic bags.

Staff practices throughout the inspection evidenced effective infection prevention and control measures. Staff had effectively supported two residents to remain free from COVID-19 infection while two of the residents had contracted the illness during April 2022. The post outbreak review highlighted the strengths of the actions taken which included the dedicated bathrooms available to all of the residents during the isolation period. The most recent public health guidelines were available for staff to reference in the designated centre.

The inspector observed adequate numbers of hand sanitising units were located throughout the designated centre, these were all found to contain ample supplies of hand sanitising gel with evidence of regular monitoring and cleaning. Staff were observed to wear PPE in line with the current public health guidelines. However, one staff was observed to wear gloves while carrying out all of their duties throughout the inspection. When the inspector enquired to the rationale for this they responded that it was their personal choice to wear them. They outlined their practice of changing them between each activity. The person in charge was aware of this practice. The provider had identified a staff member as the COVID-19 lead and this person carried out monthly IPC audits. No issues had been identified in recent IPC audits reviewed by the inspector. However, the effective cleaning of floor spaces where storage was an issue in a number of locations in the designated centre was seen to impact on the cleaning of these areas at the time of this inspection.

It was observed by the inspector that the designated centre was provided with all expected fire safety systems including fire extinguishers, a fire alarm and emergency lighting. Such systems were being serviced at regular intervals by external contractors to ensure that they were in proper working order. All fire exits were observed to be free from obstruction during the inspection. All staff had up-to-date training in fire safety. However, while fire drills were carried out regularly, with all completed in less than three minutes, no minimal staffing drill had taken place in the previous 12 months. Drills also did not identify the location or provide a scenario of where the simulated fire was located in the designated centre. In addition, the documentation of safety procedures relating to the risk of fire in the dryer required review. Staff were documenting that unplugging the dryer was not applicable in this designated centre. However, the controls documented on the fire safety risk register outlined that the dryer was to be turned off at a dedicated switch when no staff were present in the designated centre.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes. Residents had access to television, radio and other media. The staff team had ensured effective communication was maintained with family representatives while public health restrictions were in place or if family representatives were not able to visit.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to have visits from family representatives and friends while adhering to public health guidelines. In addition, residents were supported to visit family representatives as per their expressed wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported with care and support in the designated centre and provided with opportunities to access community activities in which they had an interest.

Judgment: Compliant

Regulation 17: Premises

The designated centre was well ventilated, personalised to reflect the interests of the residents living in the designated centre and homely. However, the layout and facilities available to support the appropriate storage for items such as bedding, chilled and frozen foods along with the storage of items on the floor of a dedicated storage room required review.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were supported to participate in the preparation of meals and other culinary activities as per their choice. Staff were familiar with the dietary preferences and the individual assistance required by the residents in this designated centre.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that they were systems in place for the assessment, management and ongoing review of risk. In addition, actions identified in the previous inspection of September 2021 had been adequately addressed. However, the risk of staff carrying out their duties while lone working had not been identified on the centre specific risk register.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had procedures in place to protect residents from the risk of healthcare associated infections. The person in charge had completed the HIQA self-assessment, a contingency plan and a post-outbreak review. However, due to the storage of items on the floor in a number of locations throughout the designated centre, effective floor cleaning could not be completed in all areas.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider ensured that there was an effective system in place for the management of fire and safety, including fire alarms, emergency lighting and personal emergency evacuation plans (PEEPs) that were subject to regular review. However, no minimal staffing fire drill had been completed in the previous 12 months.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a personal plan for each resident that reflected the nature of their assessed needs and the supports required. Personal goals were identified and progressed which included social inclusion and re-connecting with family representatives. Actions identified in the most recent audit had been addressed at the time of this inspection.

Judgment: Compliant

Regulation 6: Health care

Residents were supported by the staff team with individualised healthcare plans with the aim to provide best health. Ongoing monitoring of medical needs by the staff team ensured appropriate allied healthcare support was requested for each resident. GP's , consultants and allied health care professionals were engaged in providing best health. However, one resident was not able to access a community allied healthcare professional, this will be actioned under regulation 9: Residents rights.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured residents who required engagement with positive behaviour support were provided with regular input as required.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns at the time of this inspection. The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each resident's privacy was respected at all times. This included the consent of one resident for peers to access one of the rear outdoor spaces via their bedroom on occasions. However, the provider had not ensured the rights of all residents was consistently supported and advocated for. For example, supporting a resident to access an allied health care professional as was deemed necessary for them.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Goldfinch 5 OSV-0007711

Inspection ID: MON-0028730

Date of inspection: 24/08/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The next available dates on the training calendar for wheelchair clamping training is 23rd of September and the 25th of November. All relief staff who require the training are scheduled to attend. • The next available dates for training on the training calendar in managing behaviours that challenge are 11th and 18th of October, 10th and 24th of November. All relief staff who require the training are scheduled to attend. • All relief staff who work in the centre will have completed wheelchair clamping training and training in managing behaviours that challenge by 30th November 2022. <p>The Person in Charge will continue to monitor the training records of all staff working in the centre, including relief staff, to ensure that all staff training is kept up to date. The designated centre's training records are maintained in the form of a training matrix.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A system in which each relief staff member is allocated a supervisor will be implemented. • Support and supervision sessions will be conducted in line with the provider's policy and procedures. • All relief staff members will be allocated a supervisor and informed of the identity of the supervisor by 30th of September 2022. • Area Manager will engage with Primary care team re referral for dietician support. • Training for relief staff is being arranged. • Storage facilities for the designated centre are being arranged with support from the maintenance department. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The fridge that was located in the sitting room will be relocated to the staff office. An electrician has been contacted to install an extra socket in the staff office. The relocation of the fridge will be completed by the 30th of September 2022. • A storage unit will be constructed by the internal maintenance department and installed in the storage room in order to store surplus items. • The installation of a storage unit will facilitate effective cleaning of the storage room. The storage unit will be installed by the 31st of October 2022. • A storage unit will be purchased for the staff room so that items can be stored appropriately. The storage unit will be purchased for the staff room by 30th of September 2022. • An integrated freezer and unit will be purchased and installed by 31st of October 2022. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • A risk assessment in relation to staff carrying out duties while lone working was completed by the Person in Charge on the 25th of August 2022. The risk assessment will be monitored on a quarterly basis. 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • A storage unit will be arranged by the maintenance department and installed in the storage room in order to store surplus items. • The installation of a storage unit will facilitate effective cleaning of the storage room. The unit will be installed by the 31st of October 2022. • A storage unit will be purchased for the staff room so that items can be stored appropriately. The storage unit will be purchased for the staff room by 30th of September 2022. • Staff will continue to carry out regular cleaning of the designated centre. Cleaning duties will continue to be recorded on daily, weekly and monthly infection, prevention and control (IPC) checklists. • The Person in Charge will ensure that any and all factors that impede effective management of infection, prevention and control (IPC) will be identified in IPC audits and addressed in a timely manner. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • A minimal staffing fire drill has been conducted on the 16th of September 2022. • Minimal staffing fire drills will be carried out annually. • Going forward, during quarterly fire drills, the location of a simulated fire will be 	

identified.

- The location of the simulated fire will be at a different location for each drill. The use of simulated fire scenarios will support residents to become familiar with each fire exit and to know which exit can be used depending on the location of the fire. The location of the simulated fire will be recorded in the fire drill report and the fire evacuation log.
- Fire drills and potential fire drill scenarios will be discussed at monthly team meetings.
- The daily tumble dryer checklist has been amended to indicate that the dryer's dedicated switch is turned off after use.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- All residents have had input from allied health care professionals such as physiotherapy and occupational therapy. However, when a referral was sent to the Primary Care dietician department for a resident it was refused with rationale given.
- The Area Manager with the support of Senior Management will engage with Primary Care again in an effort to progress the referral.
- In the interim a referral to the BOCSILR's Speech and Language Therapist has been made. The Speech and Language Therapist provided advice and resources on healthy eating and this is proving to be effective.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/11/2022
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/10/2022
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance	Substantially Compliant	Yellow	30/09/2022

	manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	20/09/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/10/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety	Substantially Compliant	Yellow	30/09/2022

	management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	30/11/2022